

Pat Barker BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effectiv December 8, 2004

Application or Docket Number

10549839

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| Fee for Extra Spec. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 22 minus 20 = | 2 |
| INDEPENDENT CLAIMS | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE | Fee | Rate |
| BASIC FEE | | 300 |
| EXAM. FEE | | 200 |
| SEARCH FEE | | 400 |
| X \$ 125 = | | |
| X \$ 25 = | | |
| X \$ 100 = | | |
| + \$ 180 = | | |
| TOTAL | | 1000 |
| | | |
| | | |
| | | |
| | | |
| | | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|----------------------------------|--------------------------|
| AMENDMENT A | 9/14/05 | CLAIMS REMAINING AFTER AMENDMENT | |
| Total | 22 | Minus | ** 22 = 0 |
| Independent | 3 | Minus | *** 3 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE | ADDITIONAL FEE | RATE |
| X \$ 25 = | | 50 |
| X \$ 100 = | | 200 |
| + \$ 180 = | | 360 |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |
| | | |
| | | |
| | | |
| | | |

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|----------------------------------|--------------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | |
| Total | | Minus | ** = |
| Independent | | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X \$ 25 = | | 50 | |
| X \$ 100 = | | 200 | |
| + \$ 180 = | | 360 | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |
| | | | |
| | | | |
| | | | |
| | | | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.